

**THIS MDR TRACKING NUMBER WAS WITHDRAWN.  
THE AMENDED MDR TRACKING NO. IS: M4-04-8235-01**

MDR Tracking Number: M4-03-5192-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/4/01.

**I. DISPUTE**

- Whether there should be additional reimbursement for treatment/services rendered from 7/14/00 through 1/8/01. The CPT codes in dispute include the following: 99213, 99215, 97750-MT, 97110, 99070, 99080, 97250, 97265, 99070 and 95851.
- The respondents' explanations of benefits (EOB's ) denied treatment with several codes, including 'N'-not documented properly, 'F'- reduced according to the Fee Guideline, 'U' – unnecessary treatment, and 'T'- not according to Treatment Guidelines.
- This file was received in the timeframe prior to the IRO process therefore MDR will review the medical necessity issues.
- Rationale on CPT code 97110.

Re: MFG MGR (I)(A)(9,b -10), CPT descriptor.

The respondent inappropriately denied these services. Per 133.103(a), once preauthorization is given, the respondent can not retrospectively deny services based on medical necessity. Therefore, services will be reviewed based on the 1996 MFG.

**II. RATIONALE**

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7/14/00	97750-MT x 3 units	\$129.00	\$43.00	U	\$43.00 ea.unit	MFG-MGR (I)(E)(3) (I)(D)(1)(b,e)	The submitted documentation established the medical necessity of the test and supports delivery of services. According to the MFG, reimbursement is per body area. Three (3) body areas meet criteria for reimbursement. One unit was paid, therefore, reimbursement recommended for two additional body areas in the amount of (\$43.00x3=\$129.00-\$43.00 already paid=\$86.00.

7/17/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit (x 8=\$280.00)	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for “18 sessions of physical medicine care, including CPT codes 97110 (8 units)...” On 6/23/00, approval was received, #LG06208, “3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00.” Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 already paid)=\$245.00.
	99070	\$8.00	\$0.00	U	DOP	408.021(a)	Relevant information submitted for review supports the medical necessity of this DOP item. Therefore reimbursement is recommended in the amount of \$8.00.
7/19/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for “18 sessions of physical medicine care, including CPT codes 97110 (8 units)...” On 6/23/00, approval was received, #LG06208, “3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00.” Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 already paid)=\$245.00.
	97250	\$43.00	\$0.00	F	\$43.00	MFG-MGR (I)(A)(10)(a) 134.600 (h)(10) 408.021(a)	SOAP notes supports delivery of services. A combination of modalities has not been exceeded per the MFG, therefore reimbursement recommended in the amount of (\$43.00x2)= \$86.00.
	97265	\$43.00	\$0.00	F	\$43.00		

7/21/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b) 133.301(a)	Preauthorization was requested for “18 sessions of physical medicine care, including CPT codes 97110 (8 units)...” On 6/23/00, approval was received, #LG06208, “3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00.” Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$0.00	F	\$43.00	MFG-MGR (I)(A)(10)(a) 134.600 (h)(10)	SOAP notes supports delivery of services. A combination of modalities has not been exceeded per the MFG, therefore reimbursement recommended in the amount of (\$43.00x2)= \$86.00.
	97265	\$43.00	\$0.00	F	\$43.00		
7/24/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for “18 sessions of physical medicine care, including CPT codes 97110 (8 units)...” On 6/23/00, approval was received, #LG06208, “3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00.” Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$0.00	F	\$43.00	MFG-MGR (I)(A)(10)(a) 134.600 (h)(10)	SOAP notes supports delivery of services. A combination of modalities has not been exceeded per the MFG, therefore reimbursement recommended in the amount of (\$43.00x2units)= \$86.00.
	97265	\$43.00	\$0.00	F	\$43.00		
	99070	\$8.00	\$0.00	U	DOP	408.021(a)	Relevant information submitted for review supports the medical necessity of this DOP item. Therefore reimbursement is recommended in the amount of \$8.00.

7/26/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units) ..." On 6/23/00, approval was received, #LG06208, "3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$0.00	F	\$43.00	MFG-MGR (I)(A)(10)(a) 134.600 (h)(10)	SOAP notes supports delivery of services. A combination of modalities has not been exceeded per the MFG, therefore reimbursement recommended in the amount of (\$43.00x2units)= \$86.00.
	97265	\$43.00	\$0.00	F	\$43.00		
7/28/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units)..." On 6/23/00, approval was received, #LG06208, "3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$0.00	F	\$43.00	MFG-MGR (I)(A)(10)(a) 134.600 (h)(10)	SOAP notes supports delivery of services. A combination of modalities has not been exceeded per the MFG, therefore reimbursement recommended in the amount of (\$43.00x2units)= \$86.00.
	97265	\$43.00	\$0.00	F	\$43.00		
8/1/00	97750-MT x 3 units	\$129.00	\$43.00	U	\$43.00	MFG-MGR (I)(E)(3) (I)(D)(1)(b,e)	The submitted documentation established the medical necessity of of services rendered. According to the MFG, reimbursement is per body area. Three (3) body areas meet criteria for reimbursement. One unit was paid, therefore, reimbursement recommended for two additional body areas in the amount of (\$43.00x3units-\$43.00 already paid)= \$86.00.

8/2/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units) )..." On 6/23/00, approval was received, #LG06208, "3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$0.00	F	\$43.00	MFG-MGR (I)(A)(10)(a) 134.600 (h)(10)	SOAP notes supports delivery of services. A combination of modalities has not been exceeded per the MFG, therefore reimbursement recommended in the amount of (\$43.00 x 3units-\$43.00 already paid)= \$86.00.
	97265	\$43.00	\$0.00	F	\$43.00		
8/4/02	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units) )..." On 6/23/00, approval was received, #LG06208, "3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$0.00	F	\$43.00	MFG-MGR (I)(A)(10)(a) 134.600 (h)(10)	SOAP notes supports delivery of services. A combination of modalities has not been exceeded per the MFG, therefore reimbursement recommended in the amount of (\$43.00x3units-\$43.00 already paid)= \$86.00.
	97265	\$43.00	\$0.00	F	\$43.00		
8/7/00	97265	\$43.00	\$0.00	F	\$43.00	MFG-MGR (I)(A)(10)(a) 134.600 (h)(10)	SOAP notes supports delivery of services. A combination of modalities has not been exceeded per the MFG, therefore reimbursement recommended in the amount: \$43.00.

	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)  133.301(a)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units)..." On 6/23/00, approval was received, #LG06208, "3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$0.00	F	\$43.00	MFG-MGR (I)(A)(10)(a) 134.600 (h)(10)	SOAP notes supports delivery of services. A combination of modalities has not been exceeded per the MFG, therefore reimbursement recommended in the amount: \$43.00.
8/9/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units)..." On 6/23/00, approval was received, #LG06208, "3 x wk x 6 wks for 1.1 active therapy with teaching of home exercise program and passive modalities as needed but focus on aggressive rehab from 6/22/ - 8/11/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
8/11/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit		
8/28/00	97750-MT x 4 units	\$172.00	\$43.00	F	\$43.00 ea.unit	MFG-MGR (I)(E)(3) (I)(D)(1)(b,e)	The submitted documentation supports delivery of services. According to the MFG, reimbursement is per body area. Three (3) body areas meet criteria for reimbursement. One unit was paid, therefore, reimbursement recommended for two additional body areas in the amount of (\$43.00x3=\$129.00-\$43.00 already paid)=\$86.00.
9/1/00	99213	\$50.00	\$0.00	U	\$48.00	LETG(C)(2)(A)	Report for this DOS documents the

9/5/00	99213	\$50.00	\$0.00	U	\$48.00	CPT code descriptor	need for an “assessment per the patients’ subjective response immediately after treatment.” Based on the ongoing progress and the current treatment the carrier preauthorized, the objective medical documentation supports the continuing treatment and medical necessity for this service. Therefore, reimbursement is recommended in the amount of: (\$48.00x2days)=\$96.00.
9/6/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for “18 sessions of physical medicine care, including CPT codes 97110 (8 units)...” On 8/22/00, #RM08183, “Preauthorization given for outpatient P.T. to left knee 3xaw/2wks for a total of 6 sessions to include home exercise program, active and passive treatments to be performed prior to 9/21/00.” Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00 x 3 day= <b>\$735.00.</b>
9/8/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit		
9/11/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit		
9/14/00	99215	\$125.00	\$0.00	U	\$103.00	MFG –E&M (VI) Descriptor	The ‘Subsequent Medical Narrative’ on this date met the medical necessity requirements per E&M and MFG descriptor for comprehensive examination and medical decision-making. Therefore reimbursement is recommended in the amount of: \$103.00.
	99080	\$15.00	\$0.00	F	DOP	Rule 133.106 (f)(1)	Treating doctors complete Work Status Report as required under this Rule, report received for review, therefore reimbursement is recommended in the amount of: \$15.00.

	95851	\$40.00	\$0.00	U	\$36.00	MFG-MGR (I)(E)(4) LETG(C)(2)(A)	Strength testing was documented “To aid in diagnosis, clinical prognosis, treatment plan and current return-to-work status.” Preauthorization of current physical therapy treatment ends on 9/21/00, therefore medical necessity is established to “verify effectiveness and quality of treatment” being administered. Therefore, reimbursement recommended in the amount of \$36.00.
	97750-MT x 3 units	\$129.00	\$0.00	U	\$43.00	MFG-MGR (I)(E)(3) (I)(D)(1)(b,e) LETG(C)(2)(A)	The submitted documentation established the medical necessity of the test and supports delivery of services. According to the MFG, reimbursement is per body area. Three (3) body areas meet criteria for reimbursement. Therefore, reimbursement recommended in the amount of \$129.00.
10/3/00	97750-MT x 4 units	\$172.00	\$43.00	U	\$43.00	MFG-MGR (I)(E)(3)	The submitted documentation established the medical necessity of the test and supports delivery of services. According to the MFG, reimbursement is per body area. Three (3) body areas meet criteria for reimbursement. One unit was paid, therefore, reimbursement recommended for two additional body areas in the amount of (\$43.00x3=\$129.00-\$43.00 already paid)=\$86.00.
10/6/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for “18 sessions of physical medicine care, including CPT codes 97110 (8 units)...” On 9/25/00, #RC09223, “Preauthorization given for 3x week for 4 weeks for 12 sessions of the requested services to include home exercise program to be done by 11/3/00.” Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
10/9/00	99213	\$50.00	\$48.00	F	\$48.00	Paid.	Paid, no longer a dispute.



	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units)..." On 9/25/00, #RC09223, "Preauthorization given for 3x week for 4 weeks for 12 sessions of the requested services to include home exercise program to be done by 11/3/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units= \$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$43.00	F	\$43.00	Paid.	Paid, no longer a dispute.
	97265	\$43.00	\$00.00	T	\$43.00	MFG-MGR (I)(A)(10)(a)	Denied due to 'Max of 4 modalities per Treatment Guidelines.' Documentation supports additional units therefore, reimbursement is recommended in the amount: \$43.00.
10/11/00	99213	\$50.00	\$48.00	F	\$48.00	Paid.	Paid, no longer a dispute.
	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units)..." On 9/25/00, #RC09223, "Preauthorization given for 3x week for 4 weeks for 12 sessions of the requested services to include home exercise program to be done by 11/3/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$43.00	F	\$43.00	Paid.	Paid, no longer a dispute.
	97265	\$43.00	\$43.00	F	\$43.00	Paid.	Paid, no longer a dispute.
10/13/00	99123	\$50.00	\$48.00	F	\$48.00	Paid.	Paid, no longer a dispute.
	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units)..." On 9/25/00, #RC09223, "Preauthorization given for 3x week for 4 weeks for 12 sessions of the requested services to include home exercise program to be done by 11/3/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00.
	97250	\$43.00	\$43.00	F	\$43.00	Paid.	Paid, no longer a dispute.

	97265	\$43.00	\$43.00	F	\$43.00	Paid.	Paid, no longer a dispute.
10/17/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units)..." On 9/25/00, #RC09223, "Preauthorization given for 3x week for 4 weeks for 12 sessions of the requested services to include home exercise program to be done by 11/3/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)=\$245.00 x 2 days= \$490.00.
10/18/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit		
10/20/00	97750-MT x 2 units	\$86.00	\$43.00	U	\$43.00 ea.unit	MFG-MGR (I)(E)(3)	The submitted documentation established the medical necessity of the test and supports delivery of services. According to the MFG, reimbursement is per body area. Body areas meet criteria for reimbursement. One unit was paid, therefore, reimbursement recommended for additional body areas in the amount of (\$\$43.00x2=\$86.00-\$43.00 already paid)= \$43.00.
10/23/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit	MFG-MGR (I)(A)(9)(b)	Preauthorization was requested for "18 sessions of physical medicine care, including CPT codes 97110 (8 units)..." On 9/25/00, #RC09223, "Preauthorization given for 3x week for 4 weeks for 12 sessions of the requested services to include home exercise program to be done by 11/3/00." Relevant information supports delivery of service. Additional reimbursement is recommended in the amount of (\$35.00 x 8 units=\$280.00-\$35.00 paid)= \$245.00) x 6 days=\$1,470.00.
10/25/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit		
10/27/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit		
10/30/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit		
11/1/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit		
11/3/00	97110 x 8 units	\$280.00	\$35.00	U	\$35.00 ea.unit		
11/9/00	95851	\$40.00	\$0.00	U	\$36.00	MFG-MGR (I)(E)(4) LETG(C)(2)(A)	Strength testing was documented "To aid in diagnosis, clinical prognosis, treatment plan and current return-to-work status." Preauthorization of current physical therapy treatment ended on 11/3/00, therefore medical necessity is established to "verify effectiveness and quality of treatment" being administered. Therefore, reimbursement recommended in the amount of \$36.00.

	97750-MT x 3 units	\$129.00	\$0.00	U	\$43.00 ea.unit	MFG-MGR (I)(E)(3)	The submitted documentation established the medical necessity of the test and supports delivery of services. According to the MFG, reimbursement is per body area. Three (3) body areas meet criteria for reimbursement. Therefore, reimbursement recommended in the amount of (\$43.00x3)= \$129.00.
12/6/00	99213	\$50.00	\$0.00	U	\$48.00	LETG(C)(2)(A) CPT code descriptor	SOAP notes support the medical necessity of a follow-up office visit. Reimbursement recommended in the amount of: \$48.00.
	99070	\$8.00	\$0.00	U	DOP	408.021(a)	Relevant information submitted for review supports the medical necessity of this DOP item. Therefore reimbursement is recommended in the amount of \$8.00.
1/8/01	99213	\$50.00	\$0.00	U	\$48.00	LETG(C)(2)(A) CPT code descriptor	SOAP notes support the medical necessity of a follow-up office visit. Reimbursement recommended in the amount of: \$48.00.
	99070	\$8.00	\$0.00	U	DOP	408.021(a)	Relevant information submitted for review supports the medical necessity of this DOP item. Therefore reimbursement is recommended in the amount of \$8.00.
TOTAL		\$9,774.00	\$1,484.00				\$7,915.00

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for CPT code(s) 99213, 99215, 97750-MT, 97110, 99070, 99080, 97250, 97265, 99070 and 95851. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit \$7,915.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 3rd day of March, 2004.

Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/cl